



County of San Bernardino

F A S

STANDARD CONTRACT

FOR COUNTY USE ONLY

<input type="checkbox"/> New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Cancel	Vendor Code	SC	Dept.	A	Contract Number 01-417 A-3	
County Department Arrowhead Regional Medical Center			Dept.	Orgn.	Contractor's License No.	
County Department Contract Representative June Griffith-Collison, Acting Director			Telephone 580-6160		Total Contract Amount Varies	
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input checked="" type="checkbox"/> Unencumbered <input type="checkbox"/> Other:						
If not encumbered or revenue contract type, provide reason:						
Commodity Code		Contract Start Date 6/5/01		Contract End Date 3/5/05		Original Amount
Fund EAD	Dept. MCR	Organization MCR	Appr. 200	Obj/Rev Source 2445	GRC/PROJ/JOB No.	Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount
Project Name Medical Transcription Services			Estimated Payment Total by Fiscal Year			
			FY	Amount	I/D	
Contract Type – 2(b)						

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the COUNTY, and

Name
Healthscribe, Inc.
Address
21670 Ridgetop Circle, #100
Sterling, VA 20116
Telephone
(703) 480-3036

Hereinafter called Contractor

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

AMENDMENT NO. 3

Amend Agreement No. 01-417 in the following manner:

1. Amend Section 11, Term and Termination, Paragraph 11.1, as follows:

- 11.1 Services under this Agreement will commence on June 5, 2001 and will continue for a period of forty-five (45) months. Should either party fail to perform their respective responsibilities as specified in this Agreement, the aggrieved party will notify the party in default by certified mail, or by FAX transmission followed by a signed original document sent via certified mail or by overnight delivery. The party in default will have sixty (60) business days from the receipt of the notice to complete appropriate corrective action. Should the party in default fail to correct such deficiencies within 60 business days the aggrieved party may terminate an Order for Services immediately, should it so choose, with all remedies available at law or in equity for failure of the defaulting party to abide by the terms of this Agreement. In the event that problems should occur with telephone service or equipment failure that are beyond the control of Contractor, Contractor shall temporarily be excused from non-performance under this Agreement, provided that Contractor has made a reasonable effort to correct the defect. The Director of Client has full discretion and authority to exercise Client's rights under this paragraph.

All other terms and conditions of Agreement No. 01-417 remain unchanged.

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COUNTY OF SAN BERNARDINO

► _____
Dennis Hansberger, Chairman, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

Clerk of the Board of Supervisors
of the County of San Bernardino.

By _____
Deputy

Healthscribe, Inc.
(Print or type name of corporation, company, contractor, etc.)

By: ► _____
(Authorized signature - sign in blue ink)

Name: _____
(Print or type name of person signing contract)

Title: _____
(Print or Type)

Dated: _____

Address: 21670 Ridgetop Circle, #100
Sterling, VA 20166

Approved as to Legal Form

► _____
County Counsel

Reviewed by Contract Compliance

► _____

Presented to BOS for Signature

► _____
Department Head

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

Date _____

Date _____

Date _____

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By